



DEPARTMENT OF
**ANIMAL
SERVICES**

Greg E. Fischer, Mayor

Louisville Metro Animal Services Pet License Application

In accordance with Louisville Metro Ordinance all dogs, cats, and ferrets, four (4) months or older, must be licensed in the same month of their rabies vaccination.

<input type="checkbox"/> First time license for this pet	<input type="checkbox"/> Current License Tag No.: _____
<input type="checkbox"/>	
Owner's Name: _____	<input type="checkbox"/> I have licensed a pet previously
Address: _____	City: _____ Zip: _____
Phone: (____) _____	Email: _____
<input type="checkbox"/> Dog	<input type="checkbox"/> Cat
<input type="checkbox"/> Ferret	
Pet's Name: _____	Age: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> Neutered <input type="checkbox"/> F <input type="checkbox"/> Spayed
Breed: _____	Marking/Color: _____
Rabies Tag No.: _____	Vet/Clinic Name: _____
Date of Rabies Vaccination (MM/DD/YY) ____/____/____	Term of Vaccination: <input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr
Microchip No.: _____	Brand: _____

License Fee Information: Please check the appropriate box below:

Note: Your pet must have a three (3) year rabies vaccination issued this year to obtain a three year license.

☐ **My pet is altered (spayed/neutered). If this is a first time license you must attach proof of the surgery.**

- ☐ 3 year license: \$24.50 (must be combined with a 3 year rabies vaccine)
- ☐ 1 year license: \$9.50

☐ **I am a senior citizen (65 or older) and my pet is altered (spayed/neutered).** A copy of your driver's license or ID must be attached (only for first time application). **Limit of two (2) senior licenses per household.**

- ☐ 3 year senior license: \$12.50 (must be combined with a 3 year rabies vaccine)
- ☐ 1 year senior license: \$5.00

☐ **My pet is unaltered (NOT spayed/neutered): \$50.50**

I would like to make a tax-deductible donation to help Metro Animal Services in its mission of helping animals in need. I would like my donation to go toward (Please check one).

☐ Building a new adoption center and Medical Clinic

☐ The low-cost S.P.O.T. Spay/Neuter Program

☐ The Spot Fund Inc., a non-profit organization which supports the program & services of MAS
Amount of my gift to the animals \$ _____

☐ My donation of \$15.00 or more, **in addition to the license fee**, and I would like to receive a "specialty" license tag

Please return this application with a check payable to :

Metro Animal Services
P.O.Box 16346

License Collection Office
Louisville, KY 40256-0346

Information:
11a.m. – 2 p.m.

Office Hours: Mon. – Fri. 12 – 6 p.m. Sat.
Phone: (502) 361-1318 3705 Manslick Rd,
Louisville, KY 40215 animals@Louisvilleky.gov www.louisvilleky.gov/AnimalServices